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METROPOLITAN LIFE INSURANCE COMPANY

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American Vitality Maintained in 1933

ALL INDICATIONS are that the people of the United States and Canada in 1933 experienced the lowest deathrate of all time. First, there is the mortality record of the many millions of Industrial policyholders of the Metropolitan Life Insurance Company. In this insured group, the year closed with a crude deathrate of 8.40 per thousand, as compared with the previous minimum of 8.35 in 1932. On the face of these figures it would appear that the 1933 mortality rate was six-tenths of one per cent. *higher* than for the year before. But when the crude rates are corrected to allow for changes in the age composition of the insured group during the last two years, the deathrate for last year becomes 8.02 per thousand at ages one to 74 as compared with 8.13 for the year before.

There is other evidence. Such fragmentary population data as are now available point strongly to the same conclusion. The first state to report its 1933 deathrate, Rhode Island, shows a 4.3 per cent. drop since 1932. A preliminary estimate for Ohio gives a mortality rate of 10.7 per thousand—an improvement of 5.3 per cent. over the 1932 figure. Alabama and Connecticut, reporting for ten months, register declines of three per cent. and two per cent., respectively. Pennsylvania and Maryland have published figures for nine months showing decreases of 5.5 per cent. and 3.2 per cent., respectively. Illinois, with figures for ten months, shows no change. In no state so far reporting has there been an increase in mortality.

These seven states comprise a quarter of the population of Continental United States, and it is extremely improbable that sufficient increases will be shown for other states to counterbalance the improvement already recorded. Furthermore, the United States Public Health Service, reporting the deathrate of 85 large cities up to December 30th, shows that the 1933 cumulative figure was 1.8 per cent. below that for the like period of 1932. But whether the final figures for 1933 were actually the best, or the next to the best, the record will always remain one of the most gratifying in the entire history of public health; for the year marked the peak of unfavorable business conditions and of unemployment, with its heavy incidence of hardships of all kinds. Apparently the vitality of the people has to date remained unimpaired.

Saving of Lives Resulting from the Lower Deathrates

The extraordinary health records of recent years confirm the wisdom of the Company's life conservation program among its Industrial policyholders. The deathrate of these American and Canadian wage-earners and their families has dropped one-third since 1911, when the Company launched its health work on a large scale. If the 1911 deathrate had prevailed in 1933, 66,000 more deaths would have occurred than were actually registered. And if we cumulate the saving of lives during this period of 22 years, we find that over 900,000 lives have been saved. Considerable improvement in the deathrate has, of course, taken place in the general populations of the two countries; but even when due allowance is made for this item, there has still been a saving of 510,000 lives over and above what might have been expected from the decline in the deathrate of the population at large.

The Increase in Longevity

Between 1911 and 1932, the life expectation of Metropolitan Industrial policyholders increased by 12.17 years, that is, from 46.63 years to 58.80 years. During this same period, the gain in the general population of the United States was only 8.19 years. In other words, the increase in the average duration of life among the wage-earning population has been one and one-half times that in the country at large. The greater improvement in the mortality rate of Metropolitan Industrial policyholders is steadily closing the gap between the life expectation of this insured wage-earning group and that of the general population. Twenty years ago there was a difference of six and one-half years in favor of the general public; now the difference has been reduced to two years. A fairer basis of comparison would be a life table restricted to the urban population of the United States, inasmuch as the Metropolitan Industrial policyholders are a strictly urban group. When such a life table is constructed, it will be found that there is little if any difference today between the life expectations of the insured wage-earners and of city residents at large. There is no better measure of the great improvement in the standard of life and in the opportunities open to the great mass of wage-earners and their families than the constant and rapid rise in the life expectation figures, which we have been noting over the last two decades.

Mortality by Age

One of the most gratifying features of our Industrial mortality experience last year is the continued decline in the deathrate of children and adolescents, both white and colored. At most of the childhood ages last year new minimum deathrates were recorded. As compared with twenty years ago the declines are so large that it is difficult to appreciate them fully. At ages one to four, last year's deathrate among white children was less than one-third of the 1911 figure, and among colored children, only

one-fourth the earlier figure. The declines in later childhood and adolescence are only a little less than this. With few exceptions today's rates at these ages are less than half what they were twenty years ago. This is true of both white and colored children and of both sexes.

Continued improvement is also shown in the deathrate of young adults. A substantial decline last year in the deathrate of young women in the early twenties is particularly gratifying. The long term decline in mortality during the important working ages, up to 45, is most satisfactory. At these ages, last year's rates among white persons are only half those of twenty years ago, while the rates of young colored adults show declines of from one-fifth to one-third.

Deathrates in middle life and old age tended to show increases last year, except among white women. As compared with 1911, however, last year's deathrates at these ages show appreciable improvement, especially in the case of white persons. Over the last dozen years, however, there does not seem to have been any improvement in mortality and at the older ages, particularly among men, there has actually been an increase in the deathrate.

Nineteen Thirty-three Began Badly

The excellent health record of 1933 was made despite a bad beginning. January was marked by a sharp increase in deaths from influenza, pneumonia and the principal degenerative diseases. The January deathrate, in fact, was one of the two highest recorded for that particular month in more than a decade. Health conditions had to be unusually good from January on, to counterbalance this early setback, and this is exactly what happened. New low mortality records were registered for several individual months and below-average deathrates for others.

Principal Causes of Death; New Best Records in 1933

The improvement which took place in the deathrate, for all causes of death combined, reflects the substantial declines recorded for such important diseases as tuberculosis, pneumonia, conditions arising out of pregnancy and childbirth, diphtheria, measles, whooping cough and typhoid fever. The downward trend in these conditions is apparently continuing without let-up. In the case of tuberculosis and diphtheria, the improvement has been accelerated in more recent years. One form of violent death, accidental burns, also registered a lower deathrate in 1933 than ever before. In addition, diarrheal diseases and fatal machinery accidents showed no change from their previous minima, established in 1932.

Mortality Drop for Tuberculosis More Than 70 Per Cent. in 22 Years

The decline in the tuberculosis deathrate is still going on. It has

been practically continuous among American and Canadian wage-earners since the Metropolitan began, in 1911, to keep mortality records for individual causes of death. The drop in the deathrate from tuberculosis is probably the greatest single achievement in public health history. The decline in the crude deathrate has amounted to 71.1 per cent. in 22 years. It was 7.4 per cent. last year. The full measure of the success which has resulted from the anti-tuberculosis campaign has been reflected in the drop observed in all parts of the country, in both the white and colored populations, in all age ranges and in the principal occupations. It is particularly gratifying that it has extended to all economic strata of the population and more particularly to industrial wage-earners where the situation, in the past, was the gravest. The outlook for continued improvement in the future is very promising indeed.

The declining mortality rate from tuberculosis has been an important factor in increasing the average duration of human life. This is shown by the fact that two years were added to our life expectancy, solely as the result of the decrease in deaths from this disease, within the twenty-year period ending with 1930. Since 1930, there has been a further gain in expectation of life, due to the further decrease of 20 per cent. in the tuberculosis mortality rate.

Lowest Typhoid Fever Deathrate

The reduction of typhoid fever deathrate to a new minimum is still another triumph of official sanitary accomplishment. As compared with the figure for 1911, the reduction amounts to 93 per cent. But, despite the fact that typhoid fever, both among the wage-earning population and for the country at large, has become a negligible item in the mortality statistics, there are still a number of states and cities where the mortality is surprisingly high.

New Low Mortalities for the Principal Communicable Diseases of Childhood

Twenty-two years ago, 58.9 Metropolitan Industrial policyholders in every 100,000 died of either measles, scarlet fever, whooping cough or diphtheria, instead of the 7.4 per 100,000 who died from these diseases in 1933. New low points were recorded, in that year, for all except scarlet fever.

In this group, the greatest interest attaches to diphtheria; for it is here that the largest reduction in mortality has been accomplished. As a matter of fact, the rate has been cut in half in the brief space of three years, and the 1933 figure is only one-eleventh of the deathrate recorded in 1911. Diphtheria shares with typhoid fever the distinction of best demonstrating what it is possible to accomplish in the control of a communicable disease. And yet, in strong contrast to the low deathrate now current for the country as a whole, there were, as late as 1932, 18 states (more than one-third of the total) where the diphtheria deathrate ranged from five to nearly 20 per 100,000; and there were 28

large cities with rates running from five to 17.

Influenza and Pneumonia

In December, 1932, a sharp increase in the influenza deathrate was observed; the mortality from pneumonia also rose sharply among Metropolitan Industrial policyholders. In January, 1933, the situation became much worse. The epidemic, however, was short-lived; the decline in mortality beginning in February was as sharp as had been its rise. It is noteworthy, however, that a year which began with an influenza epidemic closed with the lowest pneumonia deathrate in the history of insured wage-earners. And even as to influenza, it developed that the figure was below the average, for the ten preceding years. The 1933 mortality record with respect to these two diseases was much like that of 1929, since in each of these years a bad situation in the winter was counterbalanced by marked improvement during the rest of the year. Nevertheless, had it not been for this early setback, the gain in mortality in 1933 would have been far larger than it was.

Diarrheal Disease Mortality Rate Duplicates Previous Low

Although the rate for diarrhea and enteritis, at ages one and over, in 1933, did not decline from its previous minimum, the mortality from infantile diarrhea dropped to a new low point. This is important, inasmuch as the main interest in the deathrate for diarrheal complaints attaches to the record for infants under one year of age. The figure for ages one and over, 4.6 per 100,000, is now very low, representing a decline of 84 per cent. since 1911. We have no better index of the extent to which community and household sanitation has progressed than that provided by the steady decrease in the mortality from diarrhea and enteritis. The work which the Metropolitan has done by way of health education among its Industrial policyholders has undoubtedly proved an important factor in reducing the mortality from these diseases.

Decline in Deaths from Diseases of the Maternal State

A practically continuous drop in the crude deathrate from these diseases has been observed for years. Last year, the figure fell to 9.4 per 100,000 as compared with 10.7 the year before and 19.8 in 1911. But what happens with respect to the crude deathrate from puerperal conditions is not particularly significant. Much depends on the age and sex composition of the population and more particularly on the trend of the birthrate. Because of a steadily declining birthrate, fewer women have been exposed to the risks of pregnancy and childbirth in recent years. The true measure is the ratio of puerperal deaths per thousand live births, but unfortunately this figure is not available to us. Yet it is perfectly clear that a decline is

taking place, because the mortality figure is dropping much faster than the birthrate. The field for more improvement is, of course, very large. It has been estimated that two-thirds of the maternal deaths which occur every year are preventable through the proper type of ante-natal care.

Where the Deathrate Has Increased

On the basis of their crude deathrates, three diseases, cancer, diabetes and heart disease, recorded higher mortalities in 1933 than ever before. The great bulk of the deaths from these diseases occurs among persons in the higher age ranges—specifically from age 55 on. Accordingly, it is necessary in considering the course of the deathrate from these conditions (especially with respect to what has transpired during recent years) to take into account a change that has occurred in the age distribution of Metropolitan Industrial policyholders as in the general population. There has been a shift whereby a larger proportion of the insured is finding itself in the higher age groups. This increase in the average age of this group, in itself, tends to raise the crude deathrate of these three diseases. Its effect, in fact, has been so marked that it is necessary to use standardized deathrates, which make allowance for changes in age distribution, in order to make valid comparisons of the 1933 deathrates with those of previous years. When standardized rates are prepared, we find that the 1933 cancer and diabetes deathrates are still higher than ever previously recorded, although the rise is shown to have been by no means as sharp as the crude figures would indicate. The heart disease deathrate, on the other hand, is actually lower than for both 1930 and for 1911, the year in which the Metropolitan began to compute mortality rates for individual causes of death, and shows only a slight rise as compared with that for 1932.

When analysis of what has happened in recent years is extended to the several types of cardiac impairments, we find much that is encouraging in the trend of the heart disease deathrate. First, only in the higher age groups is the mortality increasing; and the heart disease prevailing in this period of life is very largely of the arteriosclerotic or senescent type. Accordingly, the increased number of deaths is due, in great measure, to the aging of the population whereby more and more persons attain those higher ages where senile degeneration of the heart is the most common cause of death. This may be a by-product of the increase of the average duration of human life. The encouraging side of the picture is a marked declining tendency in the deathrate from the endocardial and valvular affections in early adult and middle life. These types of cardiac disease have their origin largely in acute rheumatism, syphilis, certain communicable diseases of childhood and focal infections. We may look for-

ward to continued improvement as the result of the decline which is going on in the incidence of these controllable diseases.

Cancer

The cancer mortality rate reached a new maximum in 1933, the rise, in a single year, on the basis of the crude deathrates, being 3.5 per cent., and the increase as compared with 1911, 40.6 per cent. But cancer mortality, like that for heart disease, is concentrated in the higher age ranges, and the steadily increasing ratio of Metropolitan policyholders at these ages must be taken into account when comparisons with earlier years are made. When the cancer mortality rates are standardized to meet this requirement, it is found that the 1933 rise, as compared with the deathrate in 1932, was only eight-tenths of one per cent, and, as against 1911, only 15.8 per cent.

It cannot be determined at this time to what extent the aging of the population, throughout the general population of the United States, has accounted for the increase in the American cancer deathrate. In the Original Registration States* the crude rate increased from 83.9 per 100,000, in 1911, to 123.1 in 1932, that is, by 46.7 per cent. This is a considerably larger rise than that observed among Metropolitan Industrial policyholders during the same period. Some of the increase, in the case of each population group, is accounted for by constantly improving definiteness in reporting causes of death and by greater accuracy of diagnosis. Nevertheless, even when these elements are evaluated, there remains no doubt that the cancer deathrate has been increasing and that it is still rising. Similarly, there is no doubt that crude deathrates give an exaggerated picture of the rapidity of the rise. However small the true rise may be, it is apparent that we have not even approached a solution to the riddle of cancer. In direct contrast to such accomplishments in life saving as have been effected in the huge reductions of the mortality rates from typhoid fever, tuberculosis, the communicable diseases of childhood, pneumonia and accidents, the record for cancer constitutes an outstanding bad spot in the history of public health.

Diabetes at New High

Deaths from diabetes, also, were more numerous in 1933 than ever before. On the basis of the crude deathrate the rise amounted to 4.7 per cent. in a single year, and to 83.5 per cent. as compared with the mortality in 1911. When the figures are standardized, however, it is found that the increase over the 1932 figure amounted to only one-half of one per cent. and, as against that for 1911, to 37.7 per cent. The course of the diabetes deathrate, unlike that for cancer, presents certain encouraging aspects. The mortality is being steadily reduced among young people, and if a way can be found to

*The six New England states, New York, New Jersey, Indiana, Michigan and the District of Columbia.

control the incidence of the disease among older persons, especially older women, a rapidly declining mortality rate will be the inevitable outcome. Nineteen thirty-three was the ninth successive year to record a rise in the diabetes deathrate.

Lowest Alcoholism Mortality Rate Since 1922

The close of the prohibition era saw alcoholism record its lowest deathrate since 1922. The minimum figure of all time for this disease was registered in the first year of National Prohibition, 1920. From that year on to 1926, when the mortality reached its peak for the prohibition years, there was a practically continuous increase; from 1926 to 1929, there was no change of consequence; from 1929 to 1933, there was an uninterrupted drop.

Fewer Suicides in 1933

The year was featured by a drop in the suicide deathrate—the first since 1925. Although the rising mortality from suicide extended throughout the very height of the country's prosperity, as well as during most of the period of depression, it is significant that the change came at the very time when definite improvement in economic conditions became evident. At the end of the year it was found that the suicide deathrate had declined 6.5 per cent. since 1932, although at the end of the first quarter it was still 10 per cent. higher than for the like part of the preceding year.

Homicides

The homicide deathrate has shown no major change over a long period of years and the 1933 figure (6.3 per 100,000) was substantially the same as that for 1932 (6.2).

Accidental Deaths and Automobile Fatalities Increase

Deaths from accidents increased from 54.8 per 100,000 in 1932 to 55.6 in 1933. The whole of this increase arose from two items, namely, automobile accidents, the deathrate from which rose from 19.2 to 20.0, and accidental falls, with an increase from 10.2 to 10.4. The rise in automobile fatalities is undoubtedly related to improving economic conditions, and the resulting increase in automotive traffic, both commercial and recreational, whereby more opportunities for accidents were reflected in a larger number of automobile fatalities.

It is gratifying, however, to find that the automobile hazard is diminishing as a menace to child life. While data for 1933 are not yet available, it is significant that in 1932 there was a pronounced decrease in deaths of children due to this type of accident.

Deaths Due to Falls

For five successive years, more and more deaths have been ascribed to falls, and the 1933 mortality rate for this type of accident was the highest in 15 years. Whether the increase was due to occupational accidents

or to those occurring at home, cannot be determined at this writing. Fatal accidents in the home have shown a tendency during recent years to decline among children and to increase among adults, and this

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. 1911 and 1923 to 1933.
(Ages One and Over)

Cause of Death	1933*	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1911
All Causes of Death	840.3	835.3	845.8	837.1	891.9	869.3	842.2	885.7	846.3	848.0	897.1	1253.0
Typhoid fever	1.6	1.7	2.4	2.4	2.4	2.7	4.7	4.2	4.6	4.4	5.2	22.8
Communicable diseases of childhood	7.4	9.5	11.9	12.4	16.7	19.0	19.7	25.9	19.7	26.2	33.1	58.9
Measles	1.3	1.4	2.6	2.3	2.4	4.2	3.4	8.0	2.5	5.7	8.4	11.4
Scarlet fever	2.6	2.8	3.2	2.5	2.7	2.6	3.0	3.4	3.4	4.3	4.4	13.1
Whooping cough	1.0	1.4	1.7	1.9	3.0	2.7	3.1	5.0	3.6	3.5	4.8	7.1
Diphtheria	2.5	3.8	4.3	5.7	8.6	9.5	10.2	9.5	10.2	12.7	15.5	27.3
Influenza and pneumonia	73.6	74.5	81.3	75.9	111.7	94.8	78.7	105.6	88.3	84.4	107.7	131.2
Influenza	18.7	17.7	19.2	13.2	37.7	22.0	15.7	27.4	19.4	14.2	30.1	15.9
Pneumonia	54.8	56.7	62.1	62.7	74.0	72.8	63.0	78.2	69.0	70.2	77.6	115.3
Poliomyelitis	.6	1.0	2.6	1.1	.6	1.2	2.0	.7	1.4	1.0	.7	1.6
Tuberculosis—all forms	65.0	70.2	76.7	81.3	87.3	90.6	93.8	99.5	98.2	104.4	110.5	224.6
Tuberculosis of respiratory system	58.4	62.5	68.1	71.3	77.7	80.0	83.0	87.9	87.0	93.4	100.6	203.0
Cancer—all forms	95.6	92.4	85.4	79.5	78.8	77.0	75.6	75.1	71.8	71.5	72.7	68.0
Diabetes mellitus	24.4	23.3	21.4	18.7	18.6	17.9	17.1	17.0	15.5	15.1	16.2	13.3
Alcoholism	2.3	2.5	2.9	3.2	3.5	3.3	3.5	3.7	3.0	2.9	3.0	4.0
Cerebral hemorrhage, apoplexy	†64.5	†62.9	†61.3	†61.3	58.9	57.6	56.0	56.5	54.4	61.1	61.9	64.2
Diseases of heart‡	‡63.4	157.5	150.1	147.1	149.0	144.4	134.7	136.4	128.7	125.2	128.7	141.8
Diarrhea and enteritis	4.6	4.6	5.9	8.0	7.9	8.7	9.1	10.5	12.3	11.3	11.1	28.0
Chronic nephritis (Bright's Disease)	68.0	69.6	68.1	69.2	70.6	71.8	70.8	74.9	71.2	66.5	69.6	95.0
Puerperal state—total	9.4	10.7	11.9	12.3	13.8	14.2	15.7	15.6	16.9	17.2	17.9	19.8
Total external causes	72.0	71.8	78.0	79.4	80.6	77.8	79.8	77.2	78.3	76.9	77.8	97.9
Suicides	10.1	10.8	10.2	10.0	8.7	8.5	8.4	7.8	7.0	7.3	7.4	13.3
Homicides	6.3	6.2	7.1	6.8	6.7	6.8	7.4	7.2	7.4	7.2	7.3	7.2
Accidents—total	55.6	54.8	60.7	62.6	65.2	62.5	63.9	62.3	63.9	62.4	63.0	77.4
Accidental burns	3.3	3.7	3.8	4.5	4.9	5.3	5.3	6.1	6.1	6.4	6.3	8.8
Accidental drowning	6.1	6.0	6.5	6.3	6.5	7.1	6.8	6.3	6.5	7.3	6.7	10.2
Accidental traum. by fall	10.4	10.2	10.1	9.7	9.1	8.0	8.5	7.9	8.1	7.7	8.4	13.2
Accidental traumatism by machines	.8	.8	1.0	1.3	1.6	1.2	1.4	1.4	1.3	1.3	1.7	1.8
Railroad accidents	2.9	2.8	2.8	3.0	3.9	3.9	4.1	4.2	4.0	4.0	4.9	9.5
Automobile accidents	20.0	19.2	22.3	21.2	21.3	18.7	18.7	17.0	16.8	15.9	15.4	2.3
All other accidents	12.1	12.1	14.4	16.6	17.8	18.3	19.1	19.4	21.2	19.7	19.5	31.6
Other diseases and conditions	187.9	183.1	185.9	185.3	191.5	188.3	181.0	183.6	183.4	180.9	181.7	283.5

*All 1933 deathrates subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Rates for 1930, 1931, 1932 and 1933 not comparable with those for other years, due to changes in classification procedure.

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

is true, in particular, of accidental falls. The deathrate for home accidents of this type has doubled among Metropolitan Industrial policyholders within a period of eight years.

Health Record for December, 1933

THE deathrate among Metropolitan Industrial policyholders in December was considerably lower than is usual at this time of the year, and 4.7 per cent. below the rate recorded in December, 1932, when an influenza epidemic was getting well under way. In addition to influenza and pneumonia, the following causes of death registered lower mortality rates as compared with those for December, 1932: typhoid fever, scarlet fever, diphtheria, tuberculosis, cancer, diabetes, respiratory diseases other than pneumonia and suicides. There was a considerable increase in accidental deaths and a sharp rise in automobile fatalities.

The deathrate in the general population of the large cities of the United States for the month of December was 12.1 per 1,000 estimated population as compared with 11.1 in November and 13.3 in December, 1932. There was increased prevalence in December, as compared with November, of influenza, measles, scarlet fever and smallpox, together with fewer cases of diphtheria, poliomyelitis and typhoid fever. Compared with December, 1932, there was more sickness from measles, poliomyelitis, scarlet fever and typhoid fever, but less diphtheria, influenza and smallpox.

There was a pronounced decline in December in the prevalence of diphtheria, only 3,518 cases being reported from 28 states, as compared with 5,677 in November. Measles, on the other hand, showed a decided increase, with 22 states reporting 12,821 cases against 5,871 cases in November.

The usual seasonal increase in influenza cases was in evidence, 16 states reporting 3,641 cases as against 2,905 in November. Almost half of the December cases reported from these 16 states occurred in South Carolina.

Reports from 40 states show 424 smallpox cases in December as compared with 257 in November. More than one-third of the December cases were in Wisconsin.

Among the noteworthy public health activities reported during the month, the following deserve special mention. The CIVIL WORKS ADMINISTRATION is expending $415,000 for mosquito abatement in California. THE MAINE MEDICAL ASSOCIATION, in cooperation with the State Department of Health, the MAINE PUBLIC HEALTH ASSOCIATION and local agencies, is planning to investigate and report on malnutrition among the children of that state. Since local conditions are a factor, the organization of the plan has been left to the county medical societies. Arrangements will be made with school authorities for the examinations.

The following table shows the mortality among Industrial policyholders for December, 1933; November, 1933, and December, 1932, together with the deathrates for the years 1933 and 1932.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF DECEMBER, 1933; NOVEMBER, 1933, AND DECEMBER, 1932

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Dec. 1933	Nov. 1933	Dec. 1932	YEAR 1933	YEAR 1932
TOTAL—ALL CAUSES	888.6	859.2	932.4	859.3	856.9
Typhoid fever	1.4	1.9	1.8	1.6	1.7
Measles	.9	.5	.9	1.5	1.7
Scarlet fever	2.6	2.2	3.1	2.6	2.8
Whooping cough	2.2	1.9	2.0	2.3	3.0
Diphtheria	4.0	4.7	5.1	2.6	3.9
Influenza	14.6	9.6	35.6	20.2	19.1
Tuberculosis (All forms)	61.4	53.5	66.2	64.6	69.8
Tuberculosis of respiratory system	55.7	48.4	59.7	57.7	61.8
Cancer (All forms)	94.4	97.0	95.0	94.3	91.1
Diabetes mellitus	23.3	25.3	26.6	24.0	23.0
Cerebral hemorrhage; apoplexy	67.5	67.9	67.3	63.7	62.1
Diseases of heart†	169.6	161.7	168.0	161.4	155.5
Pneumonia (All forms)	87.5	65.3	94.2	62.6	65.4
Other respiratory diseases	11.4	11.6	14.0	9.7	9.4
Diarrhea and enteritis	6.9	9.9	6.1	10.6	11.2
Chronic nephritis (Bright's disease)	66.7	68.8	75.0	67.1	68.7
Puerperal state—Total	6.8	8.1	8.2	9.3	10.5
Suicides	8.2	8.2	8.6	10.0	10.6
Homicides	6.7	7.0	5.4	6.3	6.1
Accidents—Total	57.2	56.0	54.3	55.5	54.8
Automobile accidents	23.8	22.4	19.2	19.7	18.9
All other diseases and conditions	195.2	198.1	195.0	189.3	186.5

*The rates for 1933 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

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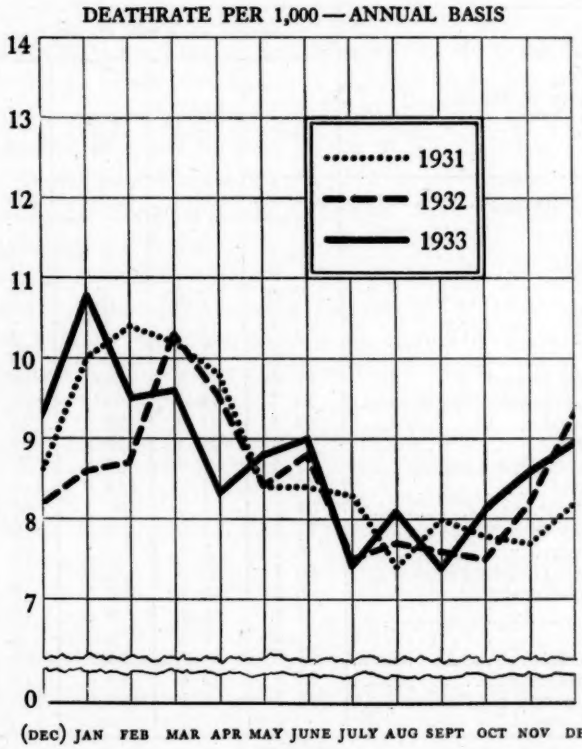
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department



1931	10.0	10.4	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932	8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933*	10.8	9.5	9.6	8.3	8.8	9.0	7.4	8.1	7.4	8.1	8.6	8.9

** Rates for 1933 are provisional.*

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